

**DIRECTORY OF  
DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
GRANT PROGRAMS  
FOR THE  
2003 - 2004 FISCAL YEAR**

**MARCH 2003**

**Prepared by:  
Office of Financial Services**

**Clifton R. Lacy, M.D.  
Commissioner**



**State of New Jersey**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
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**[www.state.nj.us/health](http://www.state.nj.us/health)**

JAMES E. MCGREEVEY  
*Governor*

CLIFTON R. LACY, M.D.  
*Commissioner*

February 2003

**TO ALL INTERESTED CITIZENS:**

The Department of Health and Senior Services is please to provide the attached Directory of Grant Programs for the State Fiscal Year 2004. This directory provides a comprehensive listing of grant funds available from the Department. If, additional grant funds become available during the year, the Department will publish information about them in the New Jersey Register.

The Department of Health and Senior Services awards grants from State appropriations, federal awards, and other funding sources. Since the award and appropriation of these funds do not always conform to the State Fiscal Year, the information included in this directory is based on the anticipated grant programs that will become available during the period July 1, 2003 through June 30, 2004.

The directory is divided into separate programs, which provide specific services through grant awards. Many programs are funded jointly by State, federal, and other funds. The information identified in the directory is without reference to the source of funding.

There are certain funds awarded within the grant category that have been excluded from this directory. They represent formula grants which, by law, are distributed to specific agencies (i.e., counties and municipalities); special legislation to provide funding to a specific agency; and disbursement of funds by other than grant awards. Information regarding any of these programs should be addressed to the Grants Management and Review Program at 609-588-7448, fax number 609-588-3100.

To receive additional copies of this directory, please contact the Grants Management and Review Program. Copies can be downloaded from Department's web site at [www.state.nj.us/health](http://www.state.nj.us/health). Grant forms and reports are also available at the same web site address.

Sincerely,

James H. Houston  
Assistant Commissioner  
Division of Management & Administration

***This publication may be viewed and printed through the Internet:***

<http://www.state.nj.us/health/mgmt/mgmt&adm.htm>

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Treatment Services for Criminal Offenders

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2B-7 et seq. , P.L. 2002 C.43

N.J.S.A. 26:2G-1 et seq.

**GRANT PROGRAM NO.** 04-1-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement and Performance-based Grants

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide assessment and referral as well as residential and outpatient alcohol and drug treatment in existing treatment programs for juvenile and adult inmates, parolees and offenders placed by various criminal justice agencies.

---

**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$20,000,000 is available to fund an estimated 100 grants. Grants are expected to range from \$7,000 to \$2,000,000. Awards will begin on or about July 1, 2003 and will be made for a 12 month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for activity who have performed satisfactorily will be given first priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County government, not-for-profit corporations and other government organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR THE GRANT:**

Appropriate licensure or certification for services provided. Key staff must be certified alcohol and substance abuse counselors or CADC-eligible. Grantee must demonstrate experience in providing services to criminal justice population with substance abuse problems. Additional requirements may be included in specific RFA's issued.

---

**APPLICATION PROCEDURES:**

Submit a letter of interest to person listed below delineating services proposed and type of client agency is interested in serving. Based on need and availability of funds, a request for applications will be released by the Department to providers meeting specific requirements of each initiative, to be determined by DHSS in conjunction with the involved criminal justice agencies.

---

**FOR INFORMATION CONTACT:**

Donald Weinbaum

Division of Addiction Services

P.O. Box 362

Trenton, NJ 08625-0362

**TELEPHONE:** 609-292-7263

**FAX:** 609-292-3816

**E-MAIL:** Donald.Weinbaum@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letters of interest will be accepted throughout the year. Specific application deadlines will be released with specific requests for applications.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Substance Abuse Treatment & Prevention Services  
to Special Populations

**STATUTORY AUTHORITY:**

P.L. 1995 C.318

**GRANT PROGRAM NO.** 04-2-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants and Letters  
of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide alcoholism and drug abuse treatment and prevention services for individuals who are deaf, hard of hearing, disabled, homeless, or mentally ill chemical abusers (MICA). Services include detoxification, residential treatment, outpatient counseling, case management, information and referral, and prevention.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant amounts will vary but may range from \$30,000 to \$150,000. Total amount available is approximately \$350,000. Funding estimates may vary and are based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and who have performed satisfactorily will be given priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County government, not-for profit corporations and other government organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Appropriate licensure or certification for services provided. Key staff must be certified alcohol and substance abuse counselors or in the process of obtaining a C.A.D.C. Grantee must demonstrate experience in providing services to at risk and/or addicted individuals in the target populations. Additional requirements may be included in specific RFP issued.

---

**APPLICATION PROCEDURES:**

Based on need and availability of funds, a request for proposals (RFP) will be released by the Department to eligible entities.

---

**FOR INFORMATION CONTACT:**

Wanda Cintron  
P.O. Box 362  
Trenton, NJ 08625

**TELEPHONE:** 609-292-4395

**FAX:** 609-292-3816

**E-MAIL:** wanda.cintron@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Deadlines will be included in the RFP.

---

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Alcoholism and Drug Abuse Treatment  
and Rehabilitation Services

**STATUTORY AUTHORITY:**

PHS ACT 45 CFR Part 98, P.L. 2000 C53

**GRANT PROGRAM NO.** 04-3-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement and performance-based Grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide alcoholism and drug abuse treatment and rehabilitation and support services, including assessment, referrals, detoxification, residential treatment, methadone maintenance treatment, outpatient services, HIV and related medical services and vocational counseling.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$42 million is available to fund an estimated 76 grants. Grants range from \$24,000 to \$5 million. Awards will begin on or about July 1, 2003 and April 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and who have performed satisfactorily will be given priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County government, not-for-profit corporations and other government organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Appropriate licensure or certification for services provided. Key staff must be certified alcohol and substance abuse counselors or C.A.D.C.-eligible. Grantee must demonstrate experience in providing services to substance abusers. Additional requirements may be included in specific RFP issued.

---

**APPLICATION PROCEDURES:**

Based on need and availability of funds, a request for proposal (RFP) will be released by the Department to licensed providers and other interested parties.

---

**FOR INFORMATION CONTACT:**

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P.O. Box 362  
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**E-MAIL:** dennis.mcdonough@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific application deadlines will be released with the RFP

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Treatment Services for Women

**STATUTORY AUTHORITY:**

P.L. 102-321 PHS Act, 45 CFR part  
96 P.L. 2000 C.53

**GRANT PROGRAM NO.** 04-4-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost reimbursement Grants, Letter of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide residential and outpatient addiction treatment services to women and their dependent children.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$8 million is available to fund approximately 40 grants. Grants range from \$50,000 to \$500,000. Awards will begin on or about September 1, 2003 for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and who have performed satisfactorily will be given priority for continued funding.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County government, non-profit corporations and other government organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Appropriate license or certification for services provided. Key staff must be CADC or in the process of completing the CADC. Grantee must demonstrate experience in providing services to substance abusers. Additional requirements may be included in any RFP issued.

---

**APPLICATION PROCEDURES:**

Based on need and availability of funds, a request for proposals (RFP) will be released by the Department to eligible entities.

---

**FOR INFORMATION CONTACT:**

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**FAX:** 609-292-3816

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---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Deadlines will be included in the RFP when issued.

---

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Group Homes for Recovering Substance Abusers

**GRANT PROGRAM NO.** 04-5-ADA

**STATUTORY AUTHORITY:**

P.L. 102-321 PHS ACT 45 CFR Part 96

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To manage the group homes project specified by PL 102-321, Section 1916A, establishing self-help recovery housing services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

An estimated \$200,000 annually is available to fund a single grant. Award will begin on or about April 1, 2004 and will be made for a 12 month budget period. Funding estimates may vary and are subject to Annual Appropriation Act. Continuation award within approved project period will be made based on satisfactory progress and availability of funds. Applicant currently receiving grant for activity will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit corporations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to meet the requirements of the group homes project as outlined in PL 102-321, Section 1916A, including providing technical assistance to start recovery houses, implementing loan application processes, managing collections, and producing reports. Additional requirements will be included in the RFP when issued.

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**APPLICATION PROCEDURES:**

Based upon need and availability of funds, a Request for Proposal (RFP) will be released by the Department to all eligible entities, which will contain full details on goals, objectives and funding specifics.

---

**FOR INFORMATION CONTACT:**

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Trenton, NJ 08625-0362

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**FAX:** 609-292-3816

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific application deadlines will be released with the specific RFP.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Compulsive Gambling Prevention  
and Treatment

**STATUTORY AUTHORITY:**

P.L. 1977. Sec.145 C110 (C5:12-145)

**GRANT PROGRAM NO.** 04-6-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1.) To provide for statewide prevention education, public information, and referral services regarding compulsive gambling; 2.) To provide intervention assessment, and treatment to compulsive gamblers, "problem bettors" and their families.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$800,000 will be available in SFY 2004 to fund prevention and treatment awards, including those related to problems associated with off-track and account wagering. Treatment awards will be approximately \$10-15,000. Awards will begin on or about July 1, 2003 and will be for a 12 month period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project will be based on satisfactory progress and performance and availability of funds. The Council on Compulsive Gambling of NJ is named in the statute as a recipient of prevention funds and provides statewide education, prevention, public information, and referral services.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit organizations. Preference will be given to continuation funding applications over applications from agencies or institutions not already receiving support.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

By statute, the Council on Compulsive Gambling of New Jersey is named as an eligible provider of Prevention and Education Services. Treatment and other prevention providers must meet the eligibility criteria to be established by the Division of Addiction Services.

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**APPLICATION PROCEDURES:**

Contact the Program for eligibility criteria and application.

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**FOR INFORMATION CONTACT:**

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---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Concept papers will be accepted throughout the year. Specific application deadlines will be included in any RFP's issued.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Primary Prevention of Alcohol and Drug Abuse

**STATUTORY AUTHORITY:**

PL 102-321, PHS ACT  
45 CFR PART 96

**GRANT PROGRAM NO.** 04-7-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and Letters of  
Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grants will be awarded to agencies to provide primary prevention services to decrease addictions in communities and/or families and/or indicated individuals who are at high-risk from illegal use, abuse, or misuse of alcohol, drugs and other substances. Only those strategies approved by the Federal Center for Substance Abuse Prevention are eligible for funding. Only those local community-based services which are consistent with the county needs assessment priorities will be eligible for funding.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$7 million is available for SFY 2004 to fund an estimated 75 awards. The minimum award will be for \$50,000. Awards will begin on July 1, 2003, October 1, 2003, January 1, 2004, and April 1, 2004. Continuation awards will be made on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental agencies, not-for-profit organizations, educational institutions and licensed health care facilities. Preference will be given to continuation funding for agencies which have already received funds and have performed satisfactorily.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must have knowledge of the causes of addiction and primary prevention interventions which are risk-focused and outcome based. Applicants must have the ability to organize and implement a primary prevention program. The prevention program must be under the direction of a Certified Prevention Specialist. The applicant must meet the "Standards for Primary Prevention Grantees," which is available from the program at the below named address upon request.

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**APPLICATION PROCEDURES:**

Submit a concept paper to the person listed below delineating goals, objectives and a tentative budget. Then based on the availability of funds, a request for proposals (RFP) will be released by the Division to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Frances Miceli  
Division of Addiction Services  
PO Box 362  
Trenton, NJ 08625-0362

**TELEPHONE:** (609) 292-4414

**FAX:** (609) 984-3346

**E-MAIL:** Frances.Miceli@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific application deadlines will be included in any RFP's issued.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tobacco Age-of-Sale Enforcement

**STATUTORY AUTHORITY:**

N.J.S.A. C.26:3A2-20-1

**GRANT PROGRAM NO.** 04-8-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Performance-based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grants provided to local health agencies to enforce New Jersey's law prohibiting the sale of tobacco products to youth under the age of 18. Grantees will conduct unannounced compliance check inspections of retail tobacco merchants and will provide follow-up activities.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that \$392,000 will be available for these services. Available funds apportioned based on the number of retail tobacco license fees collected by New Jersey Department of Treasury. Grants are expected to be executed for a twelve month period.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local health departments

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must file a "Notice of Intent to Participate," which is available below named individual.

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**APPLICATION PROCEDURES:**

Contact the Tobacco Age-of-Sale-Enforcement Program and file a "Notice of Intent to Participate."

---

**FOR INFORMATION CONTACT:**

Harry Reyes  
Prevention Services-TASE  
Division of Addiction Services  
PO Box 362  
Trenton, NJ 08625-0362

**TELEPHONE:** (609) 984-3315

**FAX:** (609) 984-3346

**E-MAIL:** Harry.Reyes@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

"Notice of Intent to Participate" will be accepted throughout the year. Applicants will be notified of grant amount by February 2004.

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**FS-12**  
**NOV 99**

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Treatment of Intoxicated Drivers

**STATUTORY AUTHORITY:**

C.26:2B-9.2

**GRANT PROGRAM NO.** 04-10-ADA

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide residential, outpatient and other treatment for alcoholism, alcohol abuse and conditions related to the excessive consumption of alcoholic beverages to eligible persons convicted of violating the State's drunk driving laws who are referred by County Intoxicated Driver Resource Centers or by the courts.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$4,100,000 is expected to be available to fund grants in SFY 2004. Grants are expected to be made for a 12 month budget period. Awards will begin on or after July 1, 2003, subject to adoption of required regulations. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County government, not-for-profit corporations and other government organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Appropriate licensure for services provided. Key staff must be certified alcohol and substance abuse counselors or CADAC-eligible. Grantee must demonstrate experience in providing services to intoxicated drivers with substance abuse problems. Additional requirements may be included in specific Request for Applications (RFAs) issued.

---

**APPLICATION PROCEDURES:**

Contact the Program for eligibility criteria and application.

---

**FOR INFORMATION CONTACT:**

Donald Weinbaum

Division of Addiction Services

P.O. Box 362

Trenton, NJ 08625-0362

**TELEPHONE:** 609-292-7263

**FAX:** 609-292-3816

**E-MAIL:** Donald.Weinbaum@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific application deadlines will be included in any RFA's issued.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Care and Treatment for Individuals with  
HIV and their Families

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 04-11-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families. Specific activities include: medical and nursing care, dental, outreach, drug treatment services, case management, housing and support services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$25,000 to \$500,000. Awards begin on July 1, 2003 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with AIDS/HIV and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

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**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY: (Federal)**

Sec 301 (A) 317 PHS Act as Amended

**GRANT PROGRAM NO. 04-12-AIDS****TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing alternative counseling and testing sites to include health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$20,000 to \$425,000. Awards begin on or about January 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.** 04-13-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing and alternative counseling and testing sites to include community health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$30,000 to \$200,000. Awards begin on or about July 1, 2003 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

---

**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
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P.O. Box 363  
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**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY:**

PHS 42 U.S.C. 241 & 247B(K) and 300FF-10

**GRANT PROGRAM NO.** 04-14-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV comprehensive HIV intervention, prevention and care services to incarcerated individuals at selected correctional institutions, and to coordinate delivery of care and treatment in their communities upon release.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$100,000 to \$250,000. Awards begin on or about October 1, 2003 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide comprehensive HIV prevention and care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to the incarcerated population. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5C-1 et seq. (State)

**GRANT PROGRAM NO.** 04-15-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost Reimbursement Grants

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach; risk-reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2,300,000 is available in SFY2004 to fund seven to ten awards. Grants range from approximately \$50,000 to \$500,000. Awards will begin on or about July 1, 2003, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below delineating goals and objectives and tentative budget. Then, based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

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**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.

Division of AIDS Prevention and Control

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** errol.saunders@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Health Education/Risk Reduction

**STATUTORY AUTHORITY:**

SEC 301(A)317, Public Health Services  
Act as amended (Federal)

**GRANT PROGRAM NO.** 04-16-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including: street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$4,400,000 should be available in SFY2004 to fund 17 to 25 awards. Grants range from approximately \$40,000 to \$500,000. Awards will begin on or about January 1, 2004, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit corporations, community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below, delineating goals and objectives and tentative budget. Then based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** errol.saunders@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Public Information

**STATUTORY AUTHORITY:**

SEC 301(A) 317, Public Health Service Act as amended, New Jersey Statute 26:5 c-1 et seq.

**GRANT PROGRAM NO.** 04-17-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To build general awareness and knowledge of HIV/AIDS through public information and education programs and multi-faceted awareness campaigns; to provide HIV/AIDS prevention education and information through speakers bureau/toll free hotline services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$500,000 should be available in SFY 2004 to fund two awards. Grants range from \$70,000 to \$450,000. Awards will begin on or about July 1, 2003 and January 1, 2004, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, non-profit organizations

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history in developing effective multi-faceted/education campaigns for the general population and specific target audiences.

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below delineating goals and objectives and tentative budget. Then, based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, M.S.  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Supplemental HIV/AIDS Surveillance

**GRANT PROGRAM NO.** 04-18-AIDS

**STATUTORY AUTHORITY:**

PHS Act, Section 301(A), 311, 317(K)(3)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To obtain information on persons reported with HIV and AIDS and at high risk for HIV and AIDS. To utilize this data to improve prevention and treatment services for HIV-infected persons and to better describe the epidemic in terms of social/economic status, drug use history, sexual practices, reproductive history in women, health care needs; and to determine the use of therapeutic drugs and adherence issues of infected individuals.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$42,000-\$500,000. Awards begin on or about January 1, 2004 and will be made for a 12 month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community based organizations. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiological study methodologies and CDC protocols in community based agencies, shelters, drug treatment centers and neighborhood health clinics.

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**APPLICATION PROCEDURES:**

Submit a concept paper to person listed below delineating goals and objectives and tentative budget.

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**FOR INFORMATION CONTACT:**

Helene Cross, Ph.D., Acting Director, Epidemiologic Services  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-5940

**FAX:** (609) 633-2791

**E-MAIL:** [helene.cross@doh.state.nj.us](mailto:helene.cross@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by Grant. Notification of award would usually be two months prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Title I

**STATUTORY AUTHORITY:**

Public Health Service Act  
Public Law 104-146

**GRANT PROGRAM NO.** 04-19-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families in Camden, Burlington, Gloucester, and Salem counties. Specific activities include: medical and nursing care, dental outreach, drug treatment services, case management, housing and support services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1.5 million is available. Awards begin on March 1, 2003 and will be made for a 12-month budget period. Funding estimates may vary and are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with AIDS/HIV and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Title II

**STATUTORY AUTHORITY:**

Public Health Service Act  
Public Law 101-380

**GRANT PROGRAM NO.** 04-20-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families through the funding of HIV Care Consortia and outreach programs to marginalized populations. Services eligible to be funded by the Consortia include case management, primary medical care, transportation services, hospice, foodbank and meals, psychological services, drug treatment and housing services.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$10,000 to \$1,000,000. Awards begin on April 1, 2004 and will be made for a 12-month budget period. Funds are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with AIDS/HIV and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

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**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Breast Cancer Research Fund  
NJ Commission on Cancer Research

**STATUTORY AUTHORITY:**

PL 95, C. 26, 54:9-25

**GRANT PROGRAM NO.** 04-21-CCR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To fund research projects that focus upon the causes, prevention, early detection treatment and cure of breast cancer.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$250,000 should be available for one or two year awards ranging from \$25,000 to \$100,000. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds.

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**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St, Rm 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** annmarie.hill@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

December 1 or as directed by the Commission Offices. Information is included in formal request for application.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Commission on Cancer Research Fellowship

**STATUTORY AUTHORITY:**

PL 83, C. 6, 52:9U-1 et al  
PL 97, C. 92, 39:3-27.90

**GRANT PROGRAM NO.** 04-23-CCR

**TYPE OF AWARDS TO BE ISSUED:**

Letter of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To train talented young people as cancer research scientists in New Jersey non-profit research institutions.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$350,000 should be available for pre-, post- and summer fellowships. Awards of two years will range from \$17,500 per year for predoctoral students and \$27,750 for postdoctoral awards. Summer fellowships are \$2,800 for ten weeks of study. Awards begin on July 1 or as directed by the commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be enrolled in an approved course of study directly related to cancer at a non-profit research institution in New Jersey. Postdoctoral fellows must have appropriate degrees and credentials. Predoctoral candidates must be US citizens.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds.

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**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St, Rm 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** annmarie.hill@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Pre- and Postdoctoral fellowships applications are due the first Friday in January, or as directed by the Commission Offices. Summer fellowships due May 1st.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

NJ Commission on Cancer Research Grants

**STATUTORY AUTHORITY:**

PL 83, C. 6, 52:9U-1 et al  
PL 97, C. 92, 39:3-27.90

**GRANT PROGRAM NO. 04-24-CCR****TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To fund research projects that focus upon the genetic, biochemical, viral, microbiological, environmental, behavioral, socioeconomic, demographic and psychosocial aspects of cancer prevention, etiology, development and treatment. Research development awards may be offered depending upon funding.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$750,000 should be available for one or two year awards ranging from \$35,000 to \$100,000. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

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**APPLICATION PROCEDURES:**

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multiyear awards contingent upon satisfactory progress and availability of funds.

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**FOR INFORMATION CONTACT:**

Ann Marie Hill, Executive Director  
NJ Commission on Cancer Research  
28 W State St, Rm 505, PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-6552

**FAX:** (609) 633-6814

**E-MAIL:** annmarie.hill@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

December 1 or as directed by the Commission Offices. Information is included in formal request for application .

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Commission on Spinal Cord Research

**STATUTORY AUTHORITY:**

NJCSCR Fund

Chapter 201 P.L. 1999 NJSA 52:E-1

**GRANT PROGRAM NO.** 04-25-SCR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

NJCSCR will fund research activities that hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Up to \$3.5 million should be available from the Spinal Cord Research Fund to support one or two-year awards, with a maximum funding level up to \$200,000/per year (direct and indirect costs, 10% maximum for the latter). The goals of this program are to (1) encourage promising postdoctoral fellows and young investigators to undertake research on spinal cord regeneration and recovery; (2) encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from NIH and other funding sources. Awards will begin on or about June 15, 2004. Two-year awards are made through one-year contracts. Second year support is not automatic and is contingent upon the grantee submitting a continuation application that is favorably reviewed by an independent scientific peer review panel and the NJCSCR. The NJCSCR reserves the right to distribute funds among grants. Grant awards will not exceed the maximum amount published in the NJ Register for Fiscal Year 2004. The Commission may not fund grants to the maximum amount.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review process include qualifications of the request, the presence of scientific or budgetary overlap, and which focuses on the treatment and cure of spinal cord injuries and diseases that damage the spinal cord.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Program Guidelines governing grants awards are available from Commission Office, or can be downloaded from the website at [www.state.nj.us/health/spinalcord/](http://www.state.nj.us/health/spinalcord/). Review and award occur once a year. Grant continuation awards within an approved project period will be made based on satisfactory progress and availability of funds.

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**FOR INFORMATION CONTACT:**

NJ Commission on Spinal Cord Research

Department of Health and Senior Services

PO Box 360

Trenton, New Jersey 08625-0360

**TELEPHONE:** : 609-292-4055

**FAX:** 609-943-4213

**E-MAIL:** NJCSCR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications - January 6, 2004

Notification - May 28, 2004

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Bioterrorism Hospital Preparedness Program  
(Acute care general hospitals)

**STATUTORY AUTHORITY:**

PHS 319, PL107-38

**GRANT PROGRAM NO.** 04-26-HBT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade the preparedness of New Jersey hospitals to respond to bioterrorism events and allow them to develop plans that set out the operational procedures they will use to respond to bioterrorism events.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1 million should be available in State Fiscal Year 2004 to fund up to 85 awards. The awards should begin on April 1, 2003 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Acute care general hospitals in the State of New Jersey.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Acute care general hospitals in the State of New Jersey.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health and Senior Services  
Office of the Commissioner  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 984-5647

**FAX:** (609) 292-0053

**E-MAIL:** kevin.hayden@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Bioterrorism Preparedness-  
FQHC

**STATUTORY AUTHORITY:**

PHS 319, PL 107-38

**GRANT PROGRAM NO.** 04-27-HBT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade the preparedness of New Jersey's Federally Qualified Health Centers to respond to bioterrorism events, other outbreaks of infectious disease, and other public health threats and emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$750,000 should be available in State Fiscal Year 2004 to fund up to 15 awards. The awards should begin on April 1, 2003 and will be for a twelve month period. The funding estimate may vary and is subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Designated Federally Qualified Health Centers in New Jersey .

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Designated Federally Qualified Health Centers in New Jersey.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health and Senior Services  
Office of the Commissioner  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 984-5647

**FAX:** (609) 292-0053

**E-MAIL:** kevin.hayden@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Bioterrorism Hospital Preparedness Program

**GRANT PROGRAM NO.** 04-28-HBT

**STATUTORY AUTHORITY:**

PHS 319, PL107-38

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade the preparedness of New Jersey hospitals and other health care entities to respond to bioterrorism events and allow them to develop plans that set out the operational procedures they will use to respond to bioterrorism events.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1 million should be available in State Fiscal Year 2004 to fund up to 6 awards. The awards should begin on April 1, 2003 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit agencies that represent facilities in the State of New Jersey that provide health care services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit agencies that represent health care facility members that provide direct health care services.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health and Senior Services  
Office of the Commissioner  
P.O. Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 984-5647

**FAX:** (609) 292-0053

**E-MAIL:** kevin.hayden@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Local Core Capacity Infrastructure for  
Bioterrorism Preparedness

**STATUTORY AUTHORITY:**

PL2001 Ch246 C.APP.A:9-64-77  
PHS 301 (A), 317 (K) (1) (2) 319 42USC241 (A)

**GRANT PROGRAM NO.** 04-29-HBT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade Local Information Network and Communications System (LINCS) Agencies' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and public health threats and emergencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$15 million will be available in State Fiscal Year 2004 to fund up to 22 LINCS agencies. The awards will begin on August 31, 2003, and cover a twelve month budget period. The funding estimate may vary and is subject to state and/or federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Eligibility is limited to local health departments or county environmental health agencies designated by the New Jersey Department of Health and Senior Services (NJDHSS) as LINCS agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or county environmental health agency designed as a LINCS agency, and under the direction of a full-time licensed health officer employed by the health agency. Must have a record of satisfactory performance in LINCS program activities as determined by the NJDHSS.

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**APPLICATION PROCEDURES:**

Complete and submit all required NJDHSS health service grant documents.

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**FOR INFORMATION CONTACT:**

Acting Division Director  
Division of Local Health and Emergency Services  
New Jersey Department of Health & Senior Services  
PO Box 360, 7th Floor  
Trenton NJ 08625-0369

**TELEPHONE:** (609) 292-4993

**FAX:** 609-292-4997

**E-MAIL:** Richard.Matzer@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by: Varies by grant, information will be included in formal request for application.  
Date by which applicant must be notified of grant award: usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Health Programs for Refugees

**STATUTORY AUTHORITY:**

Immunization and Nationality Act  
Section 412 (B)(5)

**GRANT PROGRAM NO.** 04-30-RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival that will identify and treat infectious diseases of public health concern, identify and treat chronic health conditions, and to introduce arrivals into the US healthcare system.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$60,000 should be available for State Fiscal Year 2004 to fund six awards to Federally Qualified Health Centers. Each award will begin on July 1, 2003 and will be for a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving grant for these activities who have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Federally Qualified Health Centers capable of providing culturally sensitive health examinations to the refugee populations immigrating to the US from all parts of the world.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Medical care practitioners licensed to practice medicine in New Jersey; Medicaid licensed and capable of third party billing.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Disease Service, PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7500

**FAX:** (609) 588-7433

**E-MAIL:** christina.tan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by : Varies by grant, information included in formal request for application. Date by which applicant must be notified by grant award. Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Minority Immunization Outreach and Education

**STATUTORY AUTHORITY:**

PHS Act, Sec 1904, USC 300w-3

**GRANT PROGRAM NO.** 04-32-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue supporting currently funded immunization outreach and education grantees to increase childhood immunization levels among racial/ethnic minorities and medically underserved populations in Asbury Park, New Brunswick, Vineland and Newark.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately up to \$325,000 may be available in Federal Fiscal Year 2004 for continuation funding. It is expected that the average award will be approximately \$80,000. Awards will be granted beginning January 1, 2004 and ending December 31, 2004. Funding may vary from these estimates and is subject to availability of State and Federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Community-based non-profit organizations currently funded by the New Jersey Department of Health and Senior Services to provide immunization outreach and education services in Asbury Park, New Brunswick, Vineland and Newark.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant must demonstrate a history or the ability to provide creative and effective culturally, ethnically and linguistically appropriate services in locations in close proximity to the target population(s), and an understanding and background knowledge of the health needs of racial/ethnic minorities and medically underserved populations.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services Grant Application.

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**FOR INFORMATION CONTACT:**

Chief, Vaccine Preventable Disease Program  
NJ Dept of Health and Senior Services  
Communicable Disease Service  
PO Box 369, Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7520

**FAX:** (609) 588-3642

**E-MAIL:** Lois.Charland@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications must be submitted by: Varies by grant. Date by which applicant must be notified of grant award: Usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pilot Spay/Neuter Clinic

**STATUTORY AUTHORITY:**

Public Law 1983, Chapter 180; P.L., Chapter 181;  
P.L. 1989, Chapter 93

**GRANT PROGRAM NO.** 04-33-APC

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To operate a low cost spaying and neutering clinic in compliance with all program specifications and those requirements as defined by Public Laws 1983, c. 180, 181, and Public Law 1989, c. 93.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State Appropriations of revenues generated by annual dog license surcharges. Approximately \$101,000 will be available in State Fiscal Year 2004 to the Pilot Spay Neuter Clinic. Contact the individual identified on this form to determine whether the funds have been awarded.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

This is a pilot project, therefore, a noncompetitive continuation grant is awarded.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

- A. Non-profit agency
- b. Located in a service area having a high relative need for low cost spaying and neutering services
- c. Reasonable plan for a community educational program
- d. A full-time clinic director and a full-time bookkeeper.

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**APPLICATION PROCEDURES:**

Agencies applying for grant funds must complete an application for Grant and submit to office listed below. However, at this time, the grant is designated pilot, therefore, it is for a noncompetitive continuation grant.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Disease Service, PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-3121

**FAX:** (609) 588-7433

**E-MAIL:** christina.tan@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by : April 1, 2003. Date by which applicant must be notified of grant award:  
Usually two (2) months prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Cooperative Agreement to Research on the Ecology  
of Lyme Disease in the US

**STATUTORY AUTHORITY:**

PHS Act, Sec 301, 42 USCA,  
Sec 241 as amended & PHS Act Sec 317, 42  
USCA, Sec 247B as amended

**GRANT PROGRAM NO.** 04-34-LYM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To study the ecology of Lyme disease in New Jersey.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$25,000 should be available in State Fiscal Year 2004 to fund one award. The award will begin on February 15, 2003 and will be for a twelve month budget period. The funding estimate may vary and is subject to federal appropriations.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to local health departments and mosquito commissions.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or mosquito commission with proven experience providing environmental health and epidemiological surveillance and research.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

---

**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Diseases Service, P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7500

**FAX:** (609) 588-7433

**E-MAIL:** Christina.Tan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by : Varies by grant, information will be included in formal request for application.  
Date by which applicant must be notified of grant award: usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Cooperative Agreement to Research Prevention and Education for Lyme Disease

**STATUTORY AUTHORITY:**

PHS Act, Sec 301, 42 USCA,  
Sec 241 as amended & PHS Sec 317, 42  
USCA, Sec 247B as amended

**GRANT PROGRAM NO.** 04-35-LYM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop the most efficient control and prevention strategy for Lyme disease in New Jersey.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$170,559 should be available in State Fiscal Year 2004 to fund several awards. The award will begin on February 15, 2003 and will be for a twelve month budget period. The funding estimate may vary and is subject to federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to local health departments and mosquito commissions located within the hyperendemic Lyme disease areas of New Jersey and educational institutions such as colleges and universities which provide training in environmental health sciences.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department or mosquito commission with proven experience providing environmental health and epidemiological surveillance and research. The educational institution must be accredited, offering programs in a health related field recognized by the New Jersey Department of Education.

---

**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

---

**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health & Senior Services  
Communicable Diseases Service, P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7500

**FAX:** (609) 588-7433

**E-MAIL:** Christina.Tan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by : Varies by grant, information will be included in formal request for application.  
Date by which applicant must be notified of grant award: usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Sexually Transmitted Disease

**STATUTORY AUTHORITY:**

State Appropriation Act (Pblc Lw 1994, Chptr 67)

**GRANT PROGRAM NO.** 04-36-STD

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To augment existing Sexually Transmitted Disease clinical services, such as improved diagnostic functions; and to perform intervention and prevention activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$298,000 should be available in State Fiscal Year 2004 to fund five to six awards. Awards will be made for a twelve month budget period beginning July 1, 2003. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants are accepted from local health departments or hospital-based clinics that have a written agreement with the local health department to provide Sexually Transmitted Disease clinic services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The agency must have existing Sexually Transmitted Disease clinic services provided at the rate of at least 1,000 or more cases of gonorrhea; or 2) a city having a population of at least 75,000 which reported 15 or more cases of syphilis and 124 or more cases of gonorrhea during CY 2001.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services Application for a Grant.

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**FOR INFORMATION CONTACT:**

Program Manager, STD Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service, P.O. Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7526

**FAX:** (609) 588-7462

**E-MAIL:** jerry.carolina@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application must be submitted by: Varies. Information will be included in formal request for application. Date by which applicant must be notified of grant award: Usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tuberculosis Control-Ambulatory Care Services

**GRANT PROGRAM NO.** 04-37-TB

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301 (A),  
page 43; Section 317 (A10, page 72-75; State  
Appropriations Act [Public Law 1994, Chapter 67])

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide ambulatory care services for tuberculosis control, surveillance and prevention

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1,000,000 in state funds should be available in the 2004 grant year. Awards will be made for a 12-month budget period beginning July 1, 2003. Funding estimates will vary and are subject to state and federal appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey Department of Health and Senior Services recognized chest clinics, Local Health Departments, or County government in agreement with Local Health Department.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The areas to be served must, during the three previous calendar years, either be (1) a county with an average of 45 or more verified TB cases or have a case rate of 13.5 or more per 100,000 population or (2) contain a city having a population of 75,000 or more with an average number of 13 or more verified TB cases or an average case rate of 15.0 or more per 100,000 population.

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**APPLICATION PROCEDURES:**

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

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**FOR INFORMATION CONTACT:**

Manager, Tuberculosis Program  
New Jersey Department of Health and Senior Services  
PO Box 369  
Trenton, New Jersey 08625-0369

**TELEPHONE:** 609-588-7522

**FAX:** 609-588-7562

**E-MAIL:** thomas.privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies. Information will be included in formal request for application. Date by which applicant must be notified by grant award: Usually one month prior to the funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Emergency Medical Services for Children

**STATUTORY AUTHORITY:**

EMS for Children Act (NJSA:26-2K-48 et al.)

**GRANT PROGRAM NO.** 04-38-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or  
Performance Based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2004 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers, (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$50,000 should be available for FY 2004 to fund two or more awards. It is expected that the average award will be \$20,000 (range \$10,000-\$25,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal appropriations. Awards will begin on or about July 1, 2003 and will be made for a 12-month period and a project period of one year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

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**APPLICATION PROCEDURES:**

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to March 1, 2003. The completed application is to be returned to the Department for consideration of a grant award.

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**FOR INFORMATION CONTACT:**

Nancy Kelly-Goodstein, EMSC Program  
Office of Emergency Medical Services  
P.O. Box 360, Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** nancy.kellygoodstein@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of intent due to address listed above by March 1, 2003, applications due by close of business on April 1, 2003. Notification of acceptance will be made to applicants by June 1, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Emergency Medical Services for Children (Federal)

**STATUTORY AUTHORITY:**

EMS for Children Act (PHS Act, Section 1910, PL 105-78)

**GRANT PROGRAM NO.** 04-39-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or  
Performance-based Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2004 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers, (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$100,000 should be available for FY2004 to fund four or more awards. It is expected that the average award will be \$20,000 (range \$10,000-\$25,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal appropriations. Awards will begin on or about March 1, 2003 and will be made for a 12-month period with a project period of one year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants must be a not-for-profit organization, a government agency, or a licensed New Jersey hospital.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

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**APPLICATION PROCEDURES:**

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to July 1, 2003. The completed application is to be returned to the Department for consideration of a grant award.

---

**FOR INFORMATION CONTACT:**

Nancy Kelly-Goodstein, EMSC Program  
Office of Emergency Medical Services  
P.O. Box 360, Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** nancy.kellygoodstein@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of intent due to address listed above by July 1, 2003, applications due by close of business on September 1, 2003. Notification of acceptance will be made to applicants by February 1, 2003.

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM

N J Poison Information and Education System

**GRANT PROGRAM NO: 04-40-EMS**

### STATUTORY AUTHORITY:

Poison Control/Drug Information Act  
(P.L. 1982, c.177)

### TYPE OF AWARDS TO BE ISSUED:

Cost-Reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To operate and maintain a statewide poison information and education system according to P.L. 1982, c.177 (N.J.S.A. 26:2-119). Provide service 24 hours a day, 7 days a week with qualified poison specialists, including toll-free telephone access. Serve as an answering point for other NJ Department of Health and Senior Services toll-free telephone numbers, as requested. Provide associated educational and informational programs for the public and health professionals.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon state appropriations. Approximately \$425,000 annually has been allotted to fund one award. This has been supplemented with membership fees from the state's acute care hospitals. A three-year award will be made, if possible with a 12-month budget period. Applicants currently receiving Grants for the activity will be given first priority for continued funding.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. Applicable Federal Cost Principles relating to the Applicant.
3. General and specific Grant Compliance requirements issued by the Granting Agency.

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

New Jersey hospitals operating a 24-hour, 7-days-a-week regional poison information and education service. Preference will be given to continuation applications.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Hospital must have a toxicologist as the poison center medical director, as well as qualified poison specialists to answer the telephone lines around the clock, and to handle approximately 100,000 calls annually.

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### APPLICATION PROCEDURES:

An application for a Grant will be mailed by the Department upon receipt of a Letter of Intent sent to the address below. It is suggested this letter be sent prior to March 1, 2003. The first year will be from July 1 2003 to June 30, 2004 and the preceding two years will start from July 1, to June 30. The completed application is to be returned to the Department for consideration.

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### FOR INFORMATION CONTACT:

Susan Way, Director

Office of Emergency Medical Services

P.O. Box 360

Trenton, N J 08625-0360

**TELEPHONE:** (609)-633-7777

**FAX:** (609) 633-7954

**E-MAIL:** [susan.way@doh.state.nj.us](mailto:susan.way@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applications should be submitted no later than April 1, 2003 for grant awards beginning on July 1, 2003. Applicants will be notified by May 15, 2003, whether the application has been accepted and will be processed.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Abstinence Education

**STATUTORY AUTHORITY:**

Section 510 of Title V of the Social Security Act

**GRANT PROGRAM NO.** 04-41-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. To teach that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, and sexually transmitted diseases.
2. To teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
3. To teach the importance of attaining self-sufficiency before engaging in sexual activity.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon Federal Appropriations. Approximately \$750,000 should be available in SFY 2004 to support nine abstinence education projects. A non-federal match of \$3 for every \$4 dollars of grant funding is required. Grantees will be required to document the availability of non-federal match, which may be local or private resources or in-kind. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local and county health departments, nursing service agencies, hospitals, educational institutions, and non-profit community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet both programmatic and fiscal requirements to carry out the abstinence education activities.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below)
2. Competitive Request for Proposals (RFP) for new or special program services, if funds are available, will be issued on or about March 1, 2003
3. Submit Letter of Intent to Office of Director, with a brief description
4. Prepare Grant Application

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**FOR INFORMATION CONTACT:**

Kevin McNally

Maternal, Child and Community Health Services  
50 East State Street, P. O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** kevin.mcnally@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Competitive applications are due to the funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1, 2003 for grants starting July 1, 2003 or by November 1, 2003 for grants starting January 1, 2004. Applicant will be notified 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Adolescent Health

**STATUTORY AUTHORITY:**

Title V of the Social Security Act, Preventive  
Health and Health Services Block Grant

**GRANT PROGRAM NO.** 04-42-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Support community partnerships to reduce risk taking behavior among youth, with particular emphasis placed on prevention of adolescent pregnancy, injury, youth violence, suicide and substance abuse.
2. Support nutritional education and physical fitness as a primary prevention strategy to reduce obesity and chronic disease.
3. Support case management services for pregnant and parenting adolescents.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$1,200,000 should be available in SFY 2004 to support adolescent health projects. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing outreach, education and health services to adolescents, including local health departments and community-based service providers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Compliance with applicable licensure standards/permits for professional staff and facilities. Experience in addressing health needs of adolescents.

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**APPLICATION PROCEDURES:**

1. Contact the Office of the Director (see below)
2. Competitive Request for Proposals (RFP) for Community Partnerships grants to be issued on or about December 15, 2003.
3. For other types of grants, submit Letter of Intent to Office of Director, with brief description of proposed project.
4. Prepare Grant Application in accordance with RFP guidance.

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**FOR INFORMATION CONTACT:**

Kevin McNally  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** kevin.mcnally@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications in response to the Community Partnerships RFP must be submitted by February 28, 2003. Applicants will be notified on or about April 1, 2003. Continuation grant applications due by May 1, 2003 for grants starting July 1, 2003 or by November 1, 2003 for grants starting January 1, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Child Health

**STATUTORY AUTHORITY:**

Social Security Act Title V and N.J.S.A. 26:2-132

**GRANT PROGRAM NO.** 04-43-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Provide risk assessment and case management services for children at high risk of preventable health problems.
2. Prevent or remediate lead poisoning in children under six years of age.
3. Support of statewide and local coalitions to address asthma.
4. Educate health and child care professionals about child health issues.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$3,000,000 should be available in SFY 2004 to support prevention-oriented child health and childhood lead poisoning prevention projects and several special initiatives. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local and county health departments, nursing service agencies, hospitals, educational institutions, and non-profit community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

For prevention-oriented child health: demonstrated ability to provide home visiting and case management services for children using appropriately trained nurses. For childhood lead poisoning prevention: local health department or affiliated nursing services agency qualified to provide case management and environmental investigation in compliance with N.J.A.C.8:51.

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**APPLICATION PROCEDURES:**

1. Contact Office of the Director (see below)
2. Competitive Request for Proposals (RFP) for new or special program services, if funds are available, will be issued on or about March 1, 2003.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

---

**FOR INFORMATION CONTACT:**

Kevin McNally

Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** kevin.mcnally@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1, 2003 for grants starting July 1, 2003 or by November 1, 2003 for grants starting January 1, 2004. Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Family Planning

**STATUTORY AUTHORITY:**

Title X of the Public Health Service Population Act

**GRANT PROGRAM NO.** 04-44-FP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funds to support clinical family planning and related services throughout the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on state and federal appropriations of funds to the Department. Approximately \$8.5 million should be available for grants for Calendar Year (CY) 2004. Continuation awards within an approved project period will be based on satisfactory progress and will affect the amount of funds available for new competitive grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Government or non-profit agencies which are licensed ambulatory care facilities and provide or can provide comprehensive family planning services in conformity with state and federal regulations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. A licensed ambulatory care facility which can provide clinical family planning services and community education in accordance with state and federal guidelines.
2. Medicaid provider or has applied to become one.

---

**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
2. Based on funding availability for new projects, a formal request for applications will be published by the program.
3. Prepare Grant application in accordance with formal request for application requirements.

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**FOR INFORMATION CONTACT:**

Doreleena Sammons-Posey  
Maternal, Child, and Community Health Services  
50 East State Street, 6th Floor, P.O. Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609)292-9288

**E-MAIL:** Doreleena.Sammons-Posey  
@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of Intent due to funded programs by June 1, 2003 application to be received by July 1, 2003 for January 1, 2004 grants. Applicant will be notified 30 days prior to start date of grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Federally Qualified Health Center Expansion

**STATUTORY AUTHORITY:**

Health Care Reform Act 1992, Chapter 160

**GRANT PROGRAM NO.** 04-45-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement or Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 329 or 330 of the "Public Health Services Act", and other Centers designated as FQHCs or FQHC Look-Alikes to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments. Funds will be used to provide reimbursement for uninsured preventive and primary health care visits above a predetermined baseline.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$11 million should be available in SFY 2004 to support up to 14 FQHCs.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Current or prior participating FQHCs or FQHC Look-Alikes in the State of New Jersey.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federal designation as a FQHC or FQHC Look-Alike, ambulatory care licensed facility, and current or prior participation in the program.

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**APPLICATION PROCEDURES:**

Either response to a Request for Application (RFA), the completion of a Health Service Grant Application, or a signed Letter of Agreement in accordance with specified time frames.

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**FOR INFORMATION CONTACT:**

Kathleen Russo  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-3580

**E-MAIL:** kathleen.russo@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Completed applications and/or signed agreements are due in the Program Office on the date specified in the RFA or in the LOA. Notification will be approximately 4 weeks after receipt of the Health Service Grant application or receipt of the signed LOA.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Fetal Alcohol Syndrome Prevention  
Perinatal Addiction Services

**GRANT PROGRAM NO. 04-46-CHS****TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2B-32, Alcohol, Education, Rehabilitation  
and Enforcement Fund

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Development of Regional Projects which prevent alcohol and other drug use pre-pregnancy, during pregnancy and post-partum. This will be done through substance abuse risk assessments in prenatal clinics, intervention counseling of pregnant women, referral to addiction treatment programs, training of perinatal professionals general public education. To increase the number of pregnant and preconceptional women assessed for risk of substance abuse.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the department. Approximately \$1.7 million is available in the grant program to support awards for direct service and to establish coordination of risk reduction services at the Maternal and Child Health Consortia.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Service grants may be awarded to Perinatal Centers, Ambulatory Care Facilities, Local and County Health Departments and established Maternal and Child Health Consortia.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR THE GRANT:**

Direct service providers must be able to comply with program specifications including ability to provide direct prenatal services and coordination with Maternal and Child Health Consortia. Maternal and Child Health Consortia must demonstrate ability to provide coordination as specified by the Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
2. Based on funding availability for new projects a formal request for applications will be published by the program.
3. Submit Letter of Intent to program
4. Prepare grant application

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**FOR INFORMATION CONTACT:**

Sandra Schwarz  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024  
FAX: (609) 292-9288  
E-MAIL: [sandra.schwarz@doh.state.nj.us](mailto:sandra.schwarz@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of Intent due to funding program in accordance with the Request for Proposals. Grant Applications due by May 1, 2003 for grants starting July 1, 2003 or by November 1, 2003 for grants starting January 1, 2004. Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

New Jersey Cancer Education and Early Detection

Program (NJCEED)

**STATUTORY AUTHORITY:**

Breast Cancer Mortality Act 1990

**GRANT PROGRAM NO.** 04-47-CED

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

CDC funding is to be used to maintain outreach, education, screening, tracking and follow-up for breast and cervical cancer services to women currently participating in the program and any new women age 50-64 years. State appropriated funds are to be used for outreach, education, screening, tracking and follow up for: prostate cancer; colorectal cancer; breast; and, cervical cancer (women under age 50 and over age 64 years); and for statewide capacity and needs assessments. Types of grant programs and the amount of funds released vary annually and are contingent upon the receipt of funds.

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**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$2.5 million in federal Centers for Disease Control and Prevention (CDC) funding should be available in Fiscal Year 2004 (July 1, 2003-June 30, 2004) to fund at least twenty-five (25) awards. It is expected that the average award will be approximately \$90,000. Approximately \$2.5 million in state funds should be available Fiscal Year 2004 (July 1, 2003-June 30, 2004) to fund at least twenty-five (25) awards. Additionally, state funding, in the amount of \$1,310,400 to continue ongoing statewide capacity and needs assessments and to implement the provisions of the Comprehensive State Cancer Plan should be available to funds received. Applicants currently being funded for any of the above activities and have performed satisfactory, will be given continuation funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Depending on the types of proposals released, applicable agencies may be not-for-profit: health departments, hospitals, community health centers, visiting nurse associations, federally qualified health centers, etc.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR THE A GRANT:**

Depending on the nature of the services to be provided, applicants may need to have specialized staff (clinical providers, health educators, etc.) to conduct grant activities and have the ability to provide/assure treatment, if cancer is found.

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**APPLICATION PROCEDURES:**

Based on the availability of funding, Request for Applications (RFAs) are mailed to targeted agencies. Technical Assistance meetings are held. Grant applications are requested and completed. Applications are reviewed and grants are awarded based upon the amount of funds available.

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**FOR INFORMATION CONTACT:**

Doreleena Sammons-Posey

Maternal, Child and Community Health Services

50 East State Street, P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-8540

**FAX:** (609) 292-9288

**E-MAIL:** Doreleena.Sammons-Posey  
@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications are submitted approximately 4-6 weeks after release of RFA. Applicants will be notified approximately 4 weeks after completed applications are reviewed and approved by the Department.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Oral Health

**STATUTORY AUTHORITY:**

Title V of the Social Security Act

**GRANT PROGRAM NO.** 04-48-ORH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1. Support preventive dental health and oral health education projects.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$500,000 should be available in SFY 2004 to support oral health projects. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments and community-based service providers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Compliance with applicable licensure standards/permits for professional staff and facilities. Experience in addressing oral health needs of school-age children and adolescents.

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**APPLICATION PROCEDURES:**

1. Contact the Office of the Director (see below)
2. Competitive Request for Proposals (RFP) for specific program services, if funds are available, will be issued on or about April 1, 2003.
3. Submit Letter of Intent to Office of Director, with brief description of proposed project in accordance with RFP guidance.
4. Prepare Grant Application.

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**FOR INFORMATION CONTACT:**

Kevin McNally

Maternal, Child and Community Health Services

50 East State Street, P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** kevin.mcnally@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1, 2003 for grants starting July 1, 2003. Applicant will be notified 30 days prior to start date of grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Outreach & Education

**GRANT PROGRAM NO.** 04-49-CHS

**TYPE OF AWARDS TO BE ISSUED:**

**STATUTORY AUTHORITY:** Health Care Subsidy est. pursuant to (PL 1992,c.160c.26: 2H-18.58)

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To inform the community through outreach services and educational programs about the issue of Infant Mortality Reduction. Improve awareness of cultural differences and promote culturally competent services, to reduce racial disparity in perinatal outcomes and increase respect for these differences among health care providers. To increase the ease with which women enter the health care system in areas at high risk for poor perinatal outcome.

---

**AMOUNT OF FUNDS IN THE GRANT PROGRAM:**

Approximately \$1.83 million should be available to established Maternal Child Health Consortium to fund projects in the 11 target Healthy Mothers/Healthy Babies cities, and \$1.8 million in grants to support other outreach and education activities. Funding is contingent on appropriation to the Department.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Maternal Child Health Consortia responsible for Healthy Mothers/Healthy Babies Coalitions. The Black Infant Mortality grants may be awarded to governmental, non-profit agencies, community based organizations, licensed hospitals, and ambulatory care facilities.

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**QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR THE GRANT:**

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

1. Contact Office of Director (see below).
2. Based on funding availability for new projects a formal request for applications will be published by the program.
3. Submit Letter of Intent to program.
4. Prepare grant application.

---

**FOR INFORMATION CONTACT:**

Sandra Schwarz  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E- MAIL:** sandra.schwarz@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of Intent due to funding program in accordance with the Request for Proposals. Grant Applications due by May 1, 2003 for grants starting July 1, 2003 or by November 1, 2003 for grants starting January 1, 2004. Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Primary Care Cooperative Agreement

**STATUTORY AUTHORITY:**

Public Health Service Act, Section 333D,  
Public Law 100-177

**GRANT PROGRAM NO.** 04-50-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members's needs and also target Urban Coordinating Council (UCC) cities designated by the Department of Community Affairs. To assist in recruitment and retention of National Health Service Corps providers specific to target members and Ucc service areas. Continuous award is based on satisfactory progress.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The amount of award: \$75,000. The availability of funds for this grant is contingent on federal appropriation from the Bureaus of Primary Care and Health Professionals for community development and NHSC activities.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey Primary Care Association

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Ability to coordinate the development and expansion of primary health care delivery system capacity with members, UCC cities, and NJ Primary Care Office. Completion of a Statewide Strategic Plan for expansion of primary care in the state.

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**APPLICATION PROCEDURES:**

1. Contact the Office of the Director
2. Prepare Grant Application

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**FOR INFORMATION CONTACT:**

Linda Anderson  
Maternal, Child and Community Health  
50 E. State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-0024

**FAX:** (609) 292-9288

**E-MAIL:** linda.anderson@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application to be received by February 1, 2003. Applicant notified by March 31, 2003 for start date of April 1, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Alzheimer's Adult Day Services

**STATUTORY AUTHORITY:**

New Jersey Statute 26:2M-9 et seq.

**GRANT PROGRAM NO.** 04-51-GER

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement - Fee for Service

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide structured, supervised adult day services for persons with limited financial resources who have a diagnosis of Alzheimer's disease or a related dementia; to provide counseling, referral and education to support caregivers.

(The full name of the program is the Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders.)

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2.4 million should be available in Fiscal Year 2004 to reimburse 55-60 agencies/sites. Services for eligible clients are reimbursed under the terms of the agency's letter of agreement. Agencies that currently have letters of agreement for these activities and who have performed satisfactorily will be given first priority for funding. Legislation requires an agency match of 25 percent.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Existing agencies that offer adult day services for persons with covered forms of dementia. Priority is given to currently approved programs and new applicants in underserved areas of the State.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Ability to meet the nursing, psychosocial and recreational needs of persons in middle to late stages of dementia.
2. Ability to provide a safe, therapeutic milieu, and
3. Ability to offer supportive services and education for caregivers.

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**APPLICATION PROCEDURES:**

Determine from the NJ EASE, Caregiver Support and Housing Unit, that funds are available. Request application. Submit completed application to the NJ EASE, Caregiver Support and Housing Unit by deadline specified.

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**FOR INFORMATION CONTACT:**

Elizabeth S. Vosskaemper, Grants Administrator  
NJ EASE, Caregiver Support and Housing  
NJDHSS - Division of Aging and Community Services  
P.O. Box 807, Trenton, NJ 08625-0807

**TELEPHONE:** (609) 943-3465

**FAX:** (609) 943-3467

**E-MAIL:** Elizabeth.Vosskaemper@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Submission of application and notification of awards is ongoing for new applicants.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Caring for You/Caring for Me (CFY/CFM)

**GRANT PROGRAM NO.** 04-52-CGE

**STATUTORY AUTHORITY:**

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide emotional support and information on community resources to caregivers to assist them in their caregiving roles.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant awards range from approximately \$11,000 to \$27,000 from the New Jersey Senior Initiative Funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Qualified organizations or agencies which have successfully presented at least one (1) CFY/CFM program under the original individual CFY/CFM funding cycle may apply for this regional initiative.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Qualified non-profit agencies or organizations.

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**APPLICATION PROCEDURES:**

Based on availability of funds, a request for proposal (RFP) will be released by the Department to eligible entities.

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**FOR INFORMATION CONTACT:**

Rebecca Benjamin  
Coordinator, Caregiver Education Programs  
Division of Aging and Community Services  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609-943-3458

**FAX:** 609-943-3497

**E-MAIL:** Rebecca.Benjamin@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letters of interest will be accepted throughout the year. Specific application deadlines will be released with the RFP.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Congregate Housing Services Program

**STATUTORY AUTHORITY:**

PL 1981, c553 A3626

**GRANT PROGRAM NO.** 04-53-CHP

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement for  
Unit Cost Contracting Reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide supportive services (at least one meal daily, housekeeping and personal assistance services) to persons who are frail, functionally impaired or socially isolated and who reside in subsidized housing; to provide financial assistance to those persons who are in need of basic services but cannot afford the cost of such services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant awards range from approximately \$25,000 to \$250,000 from the State Appropriation, Casino Revenue Fund.  
\*\* There is a participant contribution based on a sliding scale co-pay and optional grantee contribution.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Subsidized housing agencies interested in assisting elderly residents who need supportive services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Qualified housing agencies are non-profit or limited dividend housing sponsors, owners, entities, or individuals, or municipalities, counties or public authorities maintaining or operating a congregate housing facility under a federal low or moderate income housing program, under a NJHMFA program or under other programs for low and moderate income occupancy. Preference will be given to current recipients of Congregate Housing Service Program grants.

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**APPLICATION PROCEDURES:**

Submit a letter of interest delineating the need and method of implementing services in the congregate building. Then, based on availability of funds, a request for proposal (RFP) will be released by the Department to eligible entities.

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**FOR INFORMATION CONTACT:**

Marlene Bednarczyk  
Congregate Housing Services Program  
Division of Aging and Community Services  
P.O. Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609-943-4031

**FAX:** 609-943-3467

**E-MAIL:** Marlene.Bednarczyk@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letters of interest will be accepted throughout the year. Specific application deadlines will be released with the RFP.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Institute for Alzheimer's Disease & Related  
Dementias

**STATUTORY AUTHORITY:****GRANT PROGRAM NO.** 04-54-GER**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Funds granted to provide programs and services to those who suffer from Alzheimer's Disease and other dementias, their families, and the professionals who serve this population. The initiatives include Information and Referral through a toll-free helpline, resource files, and targeted mailings; Assessment and Intervention; through diagnostic and behavior management clinics, case management, day care, support groups, and mental health services; Education and Training through seminars for allied health professionals, on-site physician training, and clinical field placements for graduate students in a variety of disciplines; Research through on-going participation in research in the field of dementia.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon appropriation of state funds to the Department. Multi year award of approximately \$638,800 will be awarded to one center annually for three years upon demonstration of satisfactory performance.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit health care organizations and hospitals.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history in developing and providing comprehensive programs and services in the field of Alzheimer's Disease and related dementias.

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**APPLICATION PROCEDURES:**

Contact the Program for eligibility criteria and application.

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**FOR INFORMATION CONTACT:**

Eleanor Colston  
NJ Department of Health & Senior Services  
Division of Aging & Community Services  
PO Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609/943-3459**FAX:** 609/943-3497**E-MAIL:** Eleanor.Colston@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Specific application guidelines will be included in any RFP's issued.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Regional Arthritis Centers

**STATUTORY AUTHORITY:**

Public Law 1999, Chapter 72

**GRANT PROGRAM NO.** 04-55-RAC

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Funds granted to two regional arthritis centers, one in the northern and one in the southern part of the State, will support information and outreach to promote early diagnosis and treatment; professional education to promote quality expertise in diagnosis, treatment, and care; programs and services aimed at prevention of arthritis, reducing complications, and improving quality of life; an information, referral and support network to advocate for persons with arthritis; and outcome-based research for improvement of care and treatment of arthritis.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon appropriation of state funds to the Department. Multi-year awards of approximately \$116,000 will be awarded to each of two regionally-based arthritis centers annually for three years upon demonstration of satisfactory performance.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit health care organizations and hospitals.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated knowledge and expertise related to arthritis and its management. Ability and capacity to implement activities related to the above stated objectives in a minimum of five counties. Staff who possess national certification as trainers and/or leaders of arthritis quality of life programs. Existence of an established network with other community agencies and/or partners which will participate in implementing the initiative and will enhance access to underserved populations.

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**APPLICATION PROCEDURES:**

Submit a letter of intent to the official designee listed below by June 1, 2003. An application package will be sent to eligible entities.

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**FOR INFORMATION CONTACT:**

Geraldine Mackenzie

NJ Department of Health & Senior Services

Division of Aging and Community Services

P.O. Box 807

Trenton, NJ 08625-0807

**TELEPHONE:** 609/943-3498

**FAX:** 609/943-3497

**E-MAIL:** Geraldine.Mackenzie@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application Deadline: September 2, 2003

Notification: December 19, 2003

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Volunteer Advocate Program

**STATUTORY AUTHORITY:**

Title III of Older Americans Act

**GRANT PROGRAM NO.** 04-56-PAS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this grant is to provide advocacy functions necessary to maintain the health, safety & welfare of elderly (60) years of age or older, residents who reside in long-term care facilities throughout the state; to promote their civil and human rights; to promote linkages with appropriate service providers and to facilitate conflict resolution on behalf of clients who are unable or unwilling to advocate for themselves.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$90,000 should be available in FFY 2004 to fund (3) awards. It is expected that the average award will be \$30,000. Awards will begin on January 1, 2004 (for a 12 month period). Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress & availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local Government agencies, private & public non-profit agencies and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Agencies applying for Title VII funds must be public agencies or private non-profit (501C3).

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**APPLICATION PROCEDURES:**

1. Contact the Office of the Ombudsman (see below)
2. Competitive Request for Proposals (RFP) for specific programs services will be issued on or about August 1, 2003.
3. Submit Letter of Intent on or about August 1, 2003 to Office of the Ombudsman with brief description of proposed project in accordance with RFP guidelines.
4. Prepare Grant Application.

---

**FOR INFORMATION CONTACT:**

Joann Cancel, Program Coordinator  
Division of Aging and Community Services  
PO Box 807  
Trenton, NJ 08625-0807

**TELEPHONE:** 609-943-4022

**FAX:** 609-943-3479

**E-MAIL:** Joann.Cancel@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Letter of Intent due to funding program by November 1, 2003 for January 1, 2004 grants. Applicants will be notified 30 days prior to start date of grant.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Serv.  
Case Management/Family Centered Care Services

**GRANT PROGRAM NO.** 04-57-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-37; Title 26:2H-1 The Health Care  
Facilities Planning Act N.J.S.A. 26:2-60;  
N.J.S.A. 9:13 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to twenty-one (21) existing Special Child Health Services Case Management Units. To assure that children with special needs will have their care coordinated, and that parents receive assistance in addressing the needs of their children.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal appropriations. It is expected that 21 county grants will be support. Approximately \$2,500,000 is awarded annually.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to one case management unit in each county selected jointly by the County Board of Chosen Freeholders and Special Child Health Services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a private non-profit or government agency with proven experience serving the special health needs of physically handicapped or chronically ill children. Must be able to provide services on a county-wide basis. Preference will be given to continuation of existing applicants who have performed satisfactorily.

---

**APPLICATION PROCEDURES:**

Grants are offered as partial support to existing SCHS Case Management Units, process is non-competitive.

---

**FOR INFORMATION CONTACT:**

Diane DiDonato

Dept. of Health and Senior Servs., Div. of Family Health Servs.

Special Child, Adult and Early Intervention Services

P.O. Box 364, Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-9288

**E-MAIL:** Diane.DiDonato@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application deadline is April 1, 2003 for funding July 1, 2003. Notification of award will be made on or about May 15, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Serv.  
Child Evaluation Centers

**GRANT PROGRAM NO.** 04-58-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60 Title V of the Social Security  
Act, Maternal and Child Health Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital/acquired neurodevelopmental disorders including communication, learning and behavioral disorders.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent on State and Federal appropriations as well as some Casino funds. It is expected that 11 grants will be supported through June 30, 2004. Approximately \$1.9 million is expected to be available annually for these eleven agencies.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by Joint Commission Accreditation of Healthcare Organization.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet criteria for funding available from the program. Contact office identified below for further information.

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**APPLICATION PROCEDURES:**

Agencies will receive continuation applications on or before April 1, 2003.

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**FOR INFORMATION CONTACT:**

Diane DiDonato  
Dept. of Health and Senior Servs., Div. of Family Health Servs.  
Special Child, Adult and Early Intervention Services  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-9288

**E-MAIL:** Diane.DiDonato@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications must be postmarked no later than April 12, 2003. Applicants will be notified whether they will receive funds after May 13, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Servs.  
Chronic Renal Services

**STATUTORY AUTHORITY:**

N.J.S.A. Title 26:2-87

**GRANT PROGRAM NO.** 04-59-CR

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$402,000 should be available in SFY2003 to fund one award. It is expected that the award will begin on or about July 1, 2003, and will be made for a 12 month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organization which has experience in providing financial assistance for qualified dialysis patients needing select medications and nutritional supplements to licensed New Jersey Renal Dialysis Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Ability to administer a web based system of reimbursement.

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**APPLICATION PROCEDURES:**

Contact Department's official designee listed below and request the Application for Grant.

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.  
Department of Health and Senior Services  
Division of Family Health Services  
P.O. Box 364, 50 East State Street  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E-MAIL:** Elizabeth.Solan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications are due by April 1, 2003. Applicants will be notified regarding funding by June 15, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Services  
Diabetes Control Services

**GRANT PROGRAM NO.** 04-60-DCP**STATUTORY AUTHORITY:**

Public Health Service Act XIX Block Grants, Part A,  
Preventive Health & Health Services Block Grant,  
Section 1905, amended 1992

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To implement diabetes related activities at the county/regional level including awareness raising activities for the general public, people with diabetes and providers.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$98,000 should be available to fund one award. Award will be for a one year budget period and a 3 year project period.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Agencies may be health departments, hospitals, home health agencies, community-based organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Depending on the nature of the services to be provided, applicants may need to have specialized staff such as diabetes educators, health educators, evaluators, ophthalmologists etc.

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**APPLICATION PROCEDURES:**

Request for Application information will be mailed to targeted agencies six to eight weeks prior to due date. Applications are reviewed and grants, and/or letters of agreement are awarded based upon amount of funds available.

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**FOR INFORMATION CONTACT:**

Mary Ann Reiter  
New Jersey Department of Health and Senior Services  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137**FAX:** (609) 292-9288**E-MAIL:** MaryAnn.Reiter@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications must be submitted by April 1, 2003. Applicants will be notified regarding funding by June 15, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Early Intervention System  
Special Child, Adult & Early Intervention Svcs.

**GRANT PROGRAM NO.** 04-61-EIP

**STATUTORY AUTHORITY:**

P.L. 105-117 (part C of IDEA)  
and P.L. 1993, Chapter 309

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide support for a statewide network of early intervention services for developmentally delayed/disabled children birth to three and their families.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this activity are contingent upon state and federal appropriations. Approximately \$50,000,000 should be available to fund Regional Early Intervention Collaboratives and direct providers of early intervention services. Continuation awards within an approved project period will be based on satisfactory performance and will affect the amount of funds available for new competitive grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant
4. Federal Part C Regulations

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit corporation, government agency, hospital, school, college, or university.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Demonstrated ability and capacity to meet the programmatic requirements.
2. Certified financial audit, for the most recent completed fiscal year, by an independent auditor.
3. Demonstrated successful experience in providing direct services to infants/toddlers birth to three with developmental delay and their families.

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**APPLICATION PROCEDURES:**

Contact the Office of the Part C Coordinator (see below).

Based on funding availability for new projects, a formal request for application will be published by the program. If requested in the RFA, submit a Letter of Intent to Apply, preliminary cost summary, and a preliminary personnel summary to the Office of the Part C Coordinator (see below).

Submit grant application in accordance with the requirements in the formal request for application, an audited financial statement, and opinion by an independent certified auditor.

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**FOR INFORMATION CONTACT:**

Terry Harrison

Dept. of Health and Senior Services, Div. of Family Health Services

Early Intervention System

P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** 609-777-7734

**FAX:** 609-292-0296

**E-MAIL:** terry.harrison@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

The schedule can vary by type of grant. Schedules will be included in the various requests for application. Typically, the schedule is as follows: RFAs are released prior to March; Application deadline is 30 days after release of RFA; and Notification of Award is prior to July 1, 2003.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Svcs  
Hemophilia Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-90

**GRANT PROGRAM NO.** 04-62-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue partial support to currently funded regional treatment programs for hemophilia patients residing in New Jersey and to provide partial support for the purchase of health insurance policies for New Jersey residents with hemophilia on home care/self-infusion treatment.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$980,000 will be available in SFY 2004 to support the SCAEIS statewide network of four regional hemophilia treatment programs and one health insurance grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

A portion of these funds are granted to the Hemophilia Association of New Jersey as a sole source grant for the purchase of health insurance policies. New Jersey medical schools and public or private non-profit hospitals with experience in caring for those with hemophilia in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be capable of meeting criteria established by the program, which are available on request from the address listed below.

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**APPLICATION PROCEDURES:**

Applications for continuation of existing Health Service Grants will be mailed by the Department on or about March 14, 2003.

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**FOR INFORMATION CONTACT:**

Kathleen Lutz

Dept. of Health and Senior Svcs., Div. of Family Health Svcs.

Special Child, Adult and Early Intervention Services

P.O. Box 364

Trenton NJ 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** Kathleen.lutz@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Continuation applications must be received by April 18, 2003 for funding to begin July 1, 2003. Notice of recommendation of award will be made on or about May 23, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Svcs.  
Huntington's Disease Services Program

**GRANT PROGRAM NO.** 04-63-HD**STATUTORY AUTHORITY:**

P.L. 1987, Chapter 390

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To contract with a medical school to provide pre-symptomatic testing for Huntington's Disease, intensive counseling for Huntington's Disease victims and their families, and the provision of educational services to professionals and family members.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the department. Contact the person identified on this form to determine whether the funds have been awarded and to receive further information.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools with documented experience in counseling clients with Huntington's Disease and their families.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Documented experience in counseling clients with Huntington's Disease and their families, and previous working relationship with the NJ Chapter of the Huntington's Disease Society of America.

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**APPLICATION PROCEDURES:**

Submission of completed Application for Grant

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.  
Dept. of Health and Senior Services  
Division of Family Health Services  
P.O. Box 364, 50 East State Street  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137**FAX:** (609) 292-9288**E-MAIL:** Elizabeth.Solan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications are due by April 1, 2003. Applicants will be notified regarding funding by June 15, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Svcs  
Newborn Biochemical Screening Follow-Up Services

**GRANT PROGRAM NO.** 04-64-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1; Title V of the  
Social Security Act; MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue partial support to regional agencies providing pediatric specialty care for infants and children with chronic illnesses who are identified through newborn biochemical screening or are diagnosed later with a chronic illness to ensure access to confirmatory testing, comprehensive treatment and counseling services and professional, patient and community education/information.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$1.9 million will be available in SFY 2004 to support the SCAEIS statewide network of biochemical genetics laboratories, genetic counseling services and pediatric specialty centers serving children with low incidence conditions such as cystic fibrosis, sickle cell disease, inherited metabolic disorders, inherited endocrine disorders and other genetic disorders.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools and public or private non-profit hospitals with experience in caring for those with inherited disorders identified through the newborn biochemical screening program in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be capable of meeting criteria established by the program, which are available on request from the address listed below.

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**APPLICATION PROCEDURES:**

Requests for new applications for grants relating to the sickle cell diseases/hemoglobinopathies will be released on or about March 3, 2003. Applications for continuation of existing Health Service Grants will be mailed by the Department on or about March 14, 2003.

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**FOR INFORMATION CONTACT:**

Kathleen Lutz  
Dept. of Health and Senior Svcs., Div. of Family Health Svcs.  
Special Child, Adult and Early Intervention Services  
P.O. Box 364  
Trenton NJ 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** Kathleen.lutz@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications must be received by April 18, 2003 for funding to begin July 1, 2003. Notice of recommendation of award will be made on or about May 23, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Svs.  
N.J. Statewide Family Centered HIV Care Network

**GRANT PROGRAM NO.** 04-65-SCH**STATUTORY AUTHORITY:**

Public Health Service Act, Sec. 2671 42USC300  
P.L. 101-381 Ryan White Title IV

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide comprehensive, culturally sensitive, coordinated care for infants, children, youth, women and families with HIV infection. Family referrals are made to appropriate medical and community-based care organizations. This will assure access for families without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State of Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-private hospitals, health care agencies with experience in managing HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

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**APPLICATION PROCEDURES:**

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

Diane DiDonato

Dept. of Health and Senior Servs., Div. of Family Health Servs.

Special Child, Adult and Early Intervention Services

P.O. Box 364, Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-1078**FAX:** (609) 292-3580 or 292-9288**E-MAIL:** Diane.DiDonato@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Application deadline is May 1, 2003 for funding August 1, 2003. Notification of award will be made on or about June 15 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Special Child, Adult and Early Intervention Serv.  
Pediatric Tertiary Services

**GRANT PROGRAM NO.** 04-66-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to regional agencies providing pediatric subspecialty care for infants and children with chronic illness or severe disabilities, to assure access for children with special needs, especially those without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$2 million will be available in SFY2004 to support the SCAEIS statewide network of pediatric subspecialty centers serving children with low incidence conditions such as cleft lip/palate and/or multi-system disorders.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit hospitals in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must be capable of meeting criteria established by the program, which is available on request from the address listed below.

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**APPLICATION PROCEDURES:**

An application for a continuation of existing Health Service Grants will be mailed by the Department by April 1, 2003.

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**FOR INFORMATION CONTACT:**

Diane DiDonato

Dept. of Health and Senior Svs., Div. of Family Health Svs.

Special Child, Adult and Early Intervention Services

P.O. Box 364

Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-9288

**E-MAIL:** Diane.DiDonato@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Continuation applications must be postmarked no later than April 30, 2003 or received in the department by 5:00 p.m. May 1, 2003 for funding July 1, 2003. Applicant will be notified whether they will receive funds by May 30, 2003.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pharmaceutical Services for Adults with Cystic Fibrosis

**STATUTORY AUTHORITY:**

P.L. 1989, c. 270

**GRANT PROGRAM NO.** 04-67-CF

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-200 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$280,000 should be available. Continuation award will be made based on satisfactory performance and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organizations which have experience in providing financial assistance and direct services to persons with Cystic Fibrosis and who have the capability of administering State funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

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**APPLICATION PROCEDURES:**

Contact Department's official designee listed below and request the Application for Grant.

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**FOR INFORMATION CONTACT:**

Elizabeth Solan, R.N., M.P.H.

Dept. of Health and Sen. Svs.

Div. of Family Health Services

Special Child, Adult and Early Intervention Svcs. (SCA&EIS) **TELEPHONE:** (609) 984-6137

P.O. Box 364, 50 East State Street

**FAX:** (609) 292-9288

Trenton, NJ 08625-0364

**E-MAIL:** Elizabeth.Solan@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applications are due by April 1, 2003. Applicants will be notified regarding funding by June 15, 2003.

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

Special Supplemental Nutrition Program for Women  
Infants and Children (WIC)

### STATUTORY AUTHORITY:

Public Law 103-448 and  
WIC Federal Regulations 7 CFR Part 246

### GRANT PROGRAM NO. 04-68-WIC

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Improve nutritional awareness and health status of eligible pregnant and lactating women and eligible children; encourage the utilization by each WIC participant of available health and social services; promote breastfeeding among all eligible lactating women; and provide fresh fruits and vegetables to eligible WIC women and children.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM

Approximately \$14,000,000 should be available in federal fiscal year 2004 to fund 23 awards. It is expected that the average award will be \$565,000, ranging from \$43,000 to \$1,600,000. Awards will begin October 1, 2003 and will be made for a 12-month budget period. Funding estimates may vary and are subject to annual appropriation by the U.S. Department of Agriculture (USDA). Applicants currently receiving grants for these activities, who have performed satisfactorily, will be given first priority for continued funding. The Applicant applies for a multi-year (up to three-year) period, effective October 1, 2005.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency
3. Applicable Federal Cost Principles relating to the Applicant

### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public or private nonprofit health agencies, county and municipal health departments, hospitals, county welfare organizations, social services organizations that can provide clinical services, and nonprofit community action programs that can provide or contract for clinical services.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. Meet qualifications published in the WIC Program Consolidated Regulations (January 1999 Edition), FNS 7 CFR Ch II 246.5, "Selection of local agencies", and
2. The ability to perform program services as stated above, and
3. Meet state policies and federal program specifications.

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### APPLICATION PROCEDURES:

An application for a grant will be mailed by the Department to current recipients, and to new, qualified Applicants who have submitted a Letter of Intent in compliance with all the applicable requirements. The completed application is to be returned to the Department for consideration.

### FOR INFORMATION CONTACT:

Deborah Jones, Director  
NJ State WIC Services  
P.O. Box 364  
Trenton, NJ 08625-0365

TELEPHONE: (609)292-9560

FAX: (609)292-9288

E-MAIL: [Deborah.Jones@doh.state.nj.us](mailto:Deborah.Jones@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

New Applicant's Letter of Intent must be submitted by March 14, 2003. Completed application must be submitted by June 2, 2003. Date by which current Recipient or new Applicant must be notified of grant award is on or before October 1, 2003.